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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	IN01157K
	First Named Inventor	SAKSENA, et al
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	July 19, 2001
	Group Art Unit	To Be Assigned
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
Examiner Name		To Be Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL PEPTIDES AS NS3-SERINE PROTEASE INHIBITORS OF HEPATITIS C VIRUS

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name

Signature

Date

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Date July 19, 2001

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 24265 → ☐ OR ☐ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number 24265 or Bar Code Label OR ☐ Correspondence address below

Name	PALAIYUR S. KALYANARAMAN Reg. No. 34,634				
Address					
Address					
City		State		ZIP	
Country		Telephone	(908) 298-5068	Fax	(908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
ANIL K.	SAKSENA

Inventor's Signature	<i>Anil K. Saksena</i>			Date	5/23/01
Residence: City	UPPER MONTCLAIR	State	NJ	Country	U.S.A.
Citizenship	U.S.A.				

Post Office Address	53 BEVERLY ROAD				
---------------------	-----------------	--	--	--	--

Post Office Address					
City	UPPER MONTCLAIR	State	NJ	ZIP	07043
Country	U.S.A.				

☒ Additional inventors are being named on the 6 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 1 of 5

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

VIYYOOR MOOPIL

GIRIJAVALLABHAN

Inventor's
Signature

[Signature]

Date

5/23/2001

Residence: City

PARSIPPANY

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NJ

Country

U.S.A.

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U.S.A.

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07054

Country

U.S.A.

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

RAYMOND G.

LOVEY

Inventor's
Signature

[Signature]

Date

5/23/01

Residence: City

WEST CALDWELL

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NJ

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State

NJ

ZIP

07006

Country

U.S.A.

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

EDWIN

JAO

Inventor's
Signature

[Signature]

Date

5/23/01

Residence: City

WARREN

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Citizenship

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Post Office Address

20 CROSSWOOD WAY

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State

NJ

ZIP

07059

Country

U.S.A.

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 3 of 7

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

RUSSELL E.

PIKE

Inventor's
Signature

Russell E. Pike

Date

05/30/01

Residence: City

STANHOPE

State

NJ

Country

U.S.A.

Citizenship

U.S.A.

Post Office Address

RD #1, 31 FLORENCE STREET

Post Office Address

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STANHOPE

State

NJ

ZIP

07874

Country

U.S.A.

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

STEPHANE L.

BOGEN

Inventor's
Signature

Stephane L. Bogen

Date

05/25/01

Residence: City

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NJ

Country

U.S.A.

Citizenship

FRANCE

Post Office Address

13 DAHLIA ROAD

Post Office Address

City

SOMERSET

State

NJ

ZIP

08873

Country

U.S.A.

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

YI-TSUNG

LIU

Inventor's
Signature

Yi Tsung Liu

Date

5/30/01

Residence: City

MORRIS TOWNSHIP

State

NJ

Country

U.S.A.

Citizenship

U.S.A.

Post Office Address

34 ALEXANDRIA ROAD

Post Office Address

City

MORRIS
TOWNSHIP

State

NJ

ZIP

07960

Country

U.S.A.

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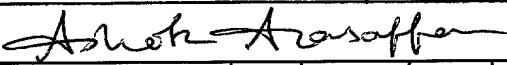
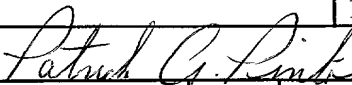
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ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 4 of 5

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
ASHOK				ARASAPPAN				
Inventor's Signature					Date		5/23/01	
Residence: City		BRIDGEWATER	State	NJ	Country	U.S.A.	Citizenship	INDIA
Post Office Address		18 LARSEN COURT						
Post Office Address								
City		BRIDGEWATER	State	NJ	ZIP	08807	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
TEJAL				PAREKH				
Inventor's Signature					Date			
Residence: City		MOUNTAIN VIEW	State	CA	Country	U.S.A.	Citizenship	INDIA
Post Office Address		1885 EDNAMARY WAY, UNIT C						
Post Office Address								
City		MOUNTAIN VIEW	State	CA	ZIP	94040	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
PATRICK A.				PINTO				
Inventor's Signature					Date		5/24/01	
Residence: City		MORRIS PLAINS	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address		34 BATTLE RIDGE ROAD						
Post Office Address								
City		MORRIS PLAINS	State	NJ	ZIP	07950	Country	U.S.A.

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ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 5 of 7

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
F. GEORGE				NJOROG			
Inventor's Signature		<i>F. George Njorog</i>		Date		05/30/01	
Residence: City		WARREN		State		NJ	
		Country		U.S.A.		Citizenship	
		KENYA					
Post Office Address		11 SOFTWOOD WAY					
Post Office Address							
City		WARREN		State		NJ	
		ZIP		07059		Country	
		U.S.A.					
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
ASHIT K.				GANGULY			
Inventor's Signature		<i>Ashit K. Ganguly</i>		Date		5/2/01	
Residence: City		UPPER MONTCLAIR		State		NJ	
		Country		U.S.A.		Citizenship	
		U.S.A.					
Post Office Address		96 COOPER AVENUE					
Post Office Address							
City		UPPER MONTCLAIR		State		NJ	
		ZIP		07043		Country	
		U.S.A.					
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City				State			
		Country				Citizenship	
Post Office Address							
Post Office Address							
City				State			
		ZIP				Country	

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Supplemental Sheet
Page 6 of 7

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
TERENCE K.				BRUNCK			
Inventor's Signature						Date	
Residence: City		SANTA FE		State	NM	Country	U.S.A.
Post Office Address		5A CALLE SAN MARTIN					
Post Office Address							
City		SANTA FE		State	NM	ZIP	87501
				Country	U.S.A.		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
SCOTT JEFFREY				KEMP			
Inventor's Signature						Date	
Residence: City		SAN DIEGO		State	CA	Country	U.S.A.
Post Office Address		7873 AVENIDA NAVIDAD #263					
Post Office Address							
City		SAN DIEGO		State	CA	ZIP	92122
				Country	U.S.A.		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
ODILE ESTHER				LEVY			
Inventor's Signature						Date	
Residence: City		SAN DIEGO		State	CA	Country	U.S.A.
Post Office Address		5304 RUETTE DE MER					
Post Office Address							
City		SAN DIEGO		State	CA	ZIP	92130
				Country	U.S.A.		

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Page 7 of 7

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

MARGUERITA

LIM-WILBY

Inventor's
Signature

Date

Residence: City

LA JOLLA

State

CA

Country

U.S.A.

Citizenship

MALAYSI
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Post Office Address

6333 CASTENJON DRIVE

Post Office Address

City

LA JOLLA

State

CA

ZIP

92037

Country

U.S.A.

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's
Signature

Date

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	First Named Inventor	SAKSENA, et al
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	July 19, 2001
	Group Art Unit	To Be Assigned
	Examiner Name	To Be Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL PEPTIDES AS NS3-SERINE PROTEASE INHIBITORS OF HEPATITIS C VIRUS

the specification of which (Title of the Invention)
☒ is attached hereto
OR
☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Application Number(s)	Filing Date (MM/DD/YYYY)

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[Page 1 of 2]

CERTIFICATE OF MAILING			
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Typed or printed name			
Signature		Date	

Express Mail Label No.	BL403237259US
Date	July 19, 2001

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number 24265

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number 24265 OR ☐ Correspondence address below

Name	PALAIYUR S. KALYANARAMAN Reg. No. 34,634				
Address					
Address					
City		State		ZIP	
Country		Telephone	(908) 298-5068	Fax	(908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname	
ANIL K.		SAKSENA	
Inventor's Signature		Date	
Residence: City	UPPER MONTCLAIR	State	NJ
		Country	U.S.A.
Post Office Address	53 BEVERLEY ROAD		
Post Office Address			
City	UPPER MONTCLAIR	State	NJ
		ZIP	07043
		Country	U.S.A.

☒ Additional inventors are being named on the 6 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
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ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 3 of 7

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
RUSSELL E.				PIKE			
Inventor's Signature				Date			
Residence: City	STANHOPE	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address		RD #1, 31 FLORENCE STREET					
Post Office Address							
City	STANHOPE	State	NJ	ZIP	07874	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
STEPHANE L.				BOGEN			
Inventor's Signature				Date			
Residence: City	SOMERSET	State	NJ	Country	U.S.A.	Citizenship	FRANCE
Post Office Address		13 DAHLIA ROAD					
Post Office Address							
City	SOMERSET	State	NJ	ZIP	08873	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
YI-TSUNG				LIU			
Inventor's Signature				Date			
Residence: City	MORRIS TOWNSHIP	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address		34 ALEXANDRIA ROAD					
Post Office Address							
City	MORRIS TOWNSHIP	State	NJ	ZIP	07960	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 5 of 7

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
F. GEORGE				NJOROG			
Inventor's Signature				Date			
Residence: City	WARREN	State	NJ	Country	U.S.A.	Citizenship	KENYA
Post Office Address		11 SOFTWOOD WAY					
Post Office Address							
City	WARREN	State	NJ	ZIP	07059	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
ASHIT K.				GANGULY			
Inventor's Signature				Date			
Residence: City	UPPER MONTCLAIR	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address		96 COOPER AVENUE					
Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 6 of 7

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
TERENCE K.				BRUNCK			
Inventor's Signature				Date			
Residence: City	SANTA FE	State	NM	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address		5A CALLE SAN MARTIN					
Post Office Address							
City	SANTA FE	State	NM	ZIP	87501	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
SCOTT JEFFREY				KEMP			
Inventor's Signature				Date			
Residence: City	SAN DIEGO	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address		7873 AVENIDA NAVIDAD #263					
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92122	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
ODILE ESTHER				LEVY			
Inventor's Signature				Date			
Residence: City	SAN DIEGO	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address		5304 RUETTE DE MER					
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92130	Country	U.S.A.

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 7 of 7

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
MARGUERITA				LIM-WILBY			
Inventor's Signature				Date			
Residence: City	LA JOLLA	State	CA	Country	U.S.A.	Citizenship	MALAYSI A
Post Office Address		6333 CASTENJON DRIVE					
Post Office Address							
City	LA JOLLA	State	CA	ZIP	92037	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	IN01157K
	First Named Inventor	SAKSENA, et al
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	July 19, 2001
	Group Art Unit	To Be Assigned
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
Examiner Name		To Be Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL PEPTIDES AS NS3-SERINE PROTEASE INHIBITORS OF HEPATITIS C VIRUS

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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Typed or printed name			
Signature		Date	

Express Mail Label No.	EL403237571US
Date	July 19, 2001

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 24265 →

Place Customer Number Bar Code Label here

☐ OR Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label 24265 OR ☐ Correspondence address below

Name	PALAIYUR S. KALYANARAMAN Reg. No. 34,634				
Address					
Address					
City		State		ZIP	
Country		Telephone	(908) 298-5068	Fax	(908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
ANIL K.	SAKSENA

Inventor's Signature		Date					
Residence: City	UPPER MONTCLAIR	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	53 BEVERLEY ROAD						
Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	U.S.A.

☒ Additional inventors are being named on the 6 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → ☐

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 7

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
RUSSELL E.				PIKE			
Inventor's Signature						Date	
Residence: City	STANHOPE	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	RD #1, 31 FLORENCE STREET						
Post Office Address							
City	STANHOPE	State	NJ	ZIP	07874	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
STEPHANE L.				BOGEN			
Inventor's Signature						Date	
Residence: City	SOMERSET	State	NJ	Country	U.S.A.	Citizenship	FRANCE
Post Office Address	13 DAHLIA ROAD						
Post Office Address							
City	SOMERSET	State	NJ	ZIP	08873	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
YI-TSUNG				LIU			
Inventor's Signature						Date	
Residence: City	MORRIS TOWNSHIP	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	34 ALEXANDRIA ROAD						
Post Office Address							
City	MORRIS TOWNSHIP	State	NJ	ZIP	07960	Country	U.S.A.

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 4 of 7

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
ASHOK				ARASAPPAN			
Inventor's Signature						Date	
Residence: City	BRIDGEWATER	State	NJ	Country	U.S.A.	Citizenship	INDIA
Post Office Address	18 LARSEN COURT						
Post Office Address							
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
TEJAL				PAREK			
Inventor's Signature						Date	
Residence: City	MOUNTAIN VIEW	State	CA	Country	U.S.A.	Citizenship	INDIA
Post Office Address	1885 EDNAMARY WAY, UNIT C						
Post Office Address							
City	MOUNTAIN VIEW	State	CA	ZIP	94040	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
PATRICK A.				PINTO			
Inventor's Signature						Date	
Residence: City	MORRIS PLAINS	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	34 BATTLE RIDGE ROAD						
Post Office Address							
City	MORRIS PLAINS	State	NJ	ZIP	07950	Country	U.S.A.

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 5 of 7

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])				Family Name or Surname					
F. GEORGE				NJORGE					
Inventor's Signature						Date			
Residence: City		WARREN		State	NJ	Country	U.S.A.	Citizenship	KENYA
Post Office Address		11 SOFTWOOD WAY							
Post Office Address									
City		WARREN		State	NJ	ZIP	07059	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])				Family Name or Surname					
ASHIT K.				GANGULY					
Inventor's Signature						Date			
Residence: City		UPPER MONTCLAIR		State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address		96 COOPER AVENUE							
Post Office Address									
City		UPPER MONTCLAIR		State	NJ	ZIP	07043	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])				Family Name or Surname					
Inventor's Signature						Date			
Residence: City				State		Country		Citizenship	
Post Office Address									
Post Office Address									
City				State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
MARGUERITA				LIM-WILBY			
Inventor's Signature						Date	
Residence: City	LA JOLLA	State	CA	Country	U.S.A.	Citizenship	MALAYSI
Post Office Address	6333 CASTENJON DRIVE						
Post Office Address							
City	LA JOLLA	State	CA	ZIP	92037	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number IN01157K

First Named Inventor SAKSENA, et al

COMPLETE IF KNOWN

Application Number /

Filing Date July 19, 2001

Group Art Unit To Be Assigned

Examiner Name To Be Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

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C VIRUS

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name

Signature

Date

Express Mail Label No.

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Date

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

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☐ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label 24265 OR ☐ Correspondence address below

Name	PALAIYUR S. KALYANARAMAN Reg. No. 34,634				
Address					
Address					
City		State		ZIP	
Country		Telephone	(908) 298-5068	Fax	(908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
ANIL K.		SAKSENA	
Inventor's Signature		Date	
Residence: City	UPPER MONTCLAIR	State	NJ
		Country	U.S.A.
Post Office Address	53 BEVERLEY ROAD		
Post Office Address			
City	UPPER MONTCLAIR	State	NJ
		ZIP	07043
		Country	U.S.A.

☒ Additional inventors are being named on the 6 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → ☐

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 7

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
RUSSELL E.				PIKE			
Inventor's Signature				Date			
Residence: City	STANHOPE	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address		RD #1, 31 FLORENCE STREET					
Post Office Address							
City	STANHOPE	State	NJ	ZIP	07874	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
STEPHANE L.				BOGEN			
Inventor's Signature				Date			
Residence: City	SOMERSET	State	NJ	Country	U.S.A.	Citizenship	FRANCE
Post Office Address		13 DAHLIA ROAD					
Post Office Address							
City	SOMERSET	State	NJ	ZIP	08873	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
YI-TSUNG				LIU			
Inventor's Signature				Date			
Residence: City	MORRIS TOWNSHIP	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address		34 ALEXANDRIA ROAD					
Post Office Address							
City	MORRIS TOWNSHIP	State	NJ	ZIP	07960	Country	U.S.A.

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 4 of 7

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor													
Given Name (first and middle [if any])				Family Name or Surname											
ASHOK				ARASAPPAN											
Inventor's Signature						Date									
Residence: City		BRIDGEWATER		State		NJ		Country		U.S.A.		Citizenship		INDIA	
Post Office Address		18 LARSEN COURT													
Post Office Address															
City		BRIDGEWATER		State		NJ		ZIP		08807		Country		U.S.A.	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor													
Given Name (first and middle [if any])				Family Name or Surname											
TEJAL				PAREK											
Inventor's Signature						Date									
Residence: City		MOUNTAIN VIEW		State		CA		Country		U.S.A.		Citizenship		INDIA	
Post Office Address		1885 EDNAMARY WAY, UNIT C													
Post Office Address															
City		MOUNTAIN VIEW		State		CA		ZIP		94040		Country		U.S.A.	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor													
Given Name (first and middle [if any])				Family Name or Surname											
PATRICK A.				PINTO											
Inventor's Signature						Date									
Residence: City		MORRIS PLAINS		State		NJ		Country		U.S.A.		Citizenship		U.S.A.	
Post Office Address		34 BATTLE RIDGE ROAD													
Post Office Address															
City		MORRIS PLAINS		State		NJ		ZIP		07950		Country		U.S.A.	

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
F. GEORGE				NJORGE			
Inventor's Signature						Date	
Residence: City	WARREN	State	NJ	Country	U.S.A.	Citizenship	KENYA
Post Office Address	11 SOFTWOOD WAY						
Post Office Address							
City	WARREN	State	NJ	ZIP	07059	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
ASHIT K.				GANGULY			
Inventor's Signature						Date	
Residence: City	UPPER MONTCLAIR	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	96 COOPER AVENUE						
Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 6 of 7

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
TERENCE K.				BRUNCK			
Inventor's Signature						Date	
Residence: City	SANTA FE	State	NM	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	5A CALLE SAN MARTIN						
Post Office Address							
City	SANTA FE	State	NM	ZIP	87501	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
SCOTT JEFFREY				KEMP			
Inventor's Signature						Date	
Residence: City	SAN DIEGO	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	7873 AVENIDA NAVIDAD #263						
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92122	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
ODILE ESTHER				LEVY			
Inventor's Signature						Date	
Residence: City	SAN DIEGO	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	5304 RUETTE DE MER						
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92130	Country	U.S.A.

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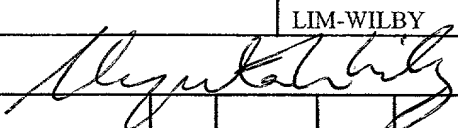
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ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 7 of 7

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
MARGUERITA		LIM-WILBY	
Inventor's Signature			Date
Residence: City	LA JOLLA	State	CA
		Country	U.S.A.
		Citizenship	MALAYSI
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Post Office Address			
City	LA JOLLA	State	CA
		ZIP	92037
		Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	
		Country	
		Citizenship	
Post Office Address			
Post Office Address			
City		State	
		ZIP	
		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	
		Country	
		Citizenship	
Post Office Address			
Post Office Address			
City		State	
		ZIP	
		Country	

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	IN01157K
	First Named Inventor	SAKSENA, et al
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	July 19, 2001
	Group Art Unit	To Be Assigned
	Examiner Name	To Be Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL PEPTIDES AS NS3-SERINE PROTEASE INHIBITORS OF HEPATITIS C VIRUS

the specification of which
☒ is attached hereto
 OR
☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

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Name	PALAIYUR S. KALYANARAMAN Reg. No. 34,634				
Address					
Address					
City		State		ZIP	
Country		Telephone	(908) 298-5068	Fax	(908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
ANIL K.		SAKSENA	
Inventor's Signature		Date	
Residence: City	UPPER MONTCLAIR	State	NJ
		Country	U.S.A.
		Citizenship	U.S.A.
Post Office Address	53 BEVERLEY ROAD		
Post Office Address			
City	UPPER MONTCLAIR	State	NJ
		ZIP	07043
		Country	U.S.A.

☒ Additional inventors are being named on the 6 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 3 of 7

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
RUSSELL E.				PIKE			
Inventor's Signature					Date		
Residence: City	STANHOPE	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address RD #1, 31 FLORENCE STREET							
Post Office Address							
City	STANHOPE	State	NJ	ZIP	07874	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
STEPHANE L.				BOGEN			
Inventor's Signature					Date		
Residence: City	SOMERSET	State	NJ	Country	U.S.A.	Citizenship	FRANCE
Post Office Address 13 DAHLIA ROAD							
Post Office Address							
City	SOMERSET	State	NJ	ZIP	08873	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
YI-TSUNG				LIU			
Inventor's Signature					Date		
Residence: City	MORRIS TOWNSHIP	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address 34 ALEXANDRIA ROAD							
Post Office Address							
City	MORRIS TOWNSHIP	State	NJ	ZIP	07960	Country	U.S.A.

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Given Name (first and middle [if any])

Family Name or Surname

ASHOK

ARASAPPAN

Inventor's
Signature

Date

Residence: City

BRIDGEWATER

State

NJ

Country

U.S.A.

Citizenship

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Post Office Address

18 LARSEN COURT

Post Office Address

City

BRIDGEWATER

State

NJ

ZIP

08807

Country

U.S.A.

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

TEJAL

PAREK

Inventor's
Signature

Date

Residence: City

MOUNTAIN VIEW

State

CA

Country

U.S.A.

Citizenship

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MOUNTAIN VIEW

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CA

ZIP

94040

Country

U.S.A.

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

PATRICK A.

PINTO

Inventor's
Signature

Date

Residence: City

MORRIS PLAINS

State

NJ

Country

U.S.A.

Citizenship

U.S.A.

Post Office Address

34 BATTLE RIDGE ROAD

Post Office Address

City

MORRIS PLAINS

State

NJ

ZIP

07950

Country

U.S.A.

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F. GEORGE				NJORGE			
Inventor's Signature					Date		
Residence: City	WARREN	State	NJ	Country	U.S.A.	Citizenship	KENYA
Post Office Address		11 SOFTWOOD WAY					
Post Office Address							
City	WARREN	State	NJ	ZIP	07059	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
ASHIT K.				GANGULY			
Inventor's Signature					Date		
Residence: City	UPPER MONTCLAIR	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address		96 COOPER AVENUE					
Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 6 of 7

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
TERENCE K.				BRUNCK			
Inventor's Signature					Date		
Residence: City	SANTA FE	State	NM	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address		5A CALLE SAN MARTIN					
Post Office Address							
City	SANTA FE	State	NM	ZIP	87501	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
SCOTT JEFFREY				KEMP			
Inventor's Signature		<i>Scott Kemp</i>			Date		7/16/01
Residence: City	SAN DIEGO	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address		7873 AVENIDA NAVIDAD #263					
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92122	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
ODILE ESTHER				LEVY			
Inventor's Signature		<i>Odile E. Levy</i>			Date		7/13/01
Residence: City	SAN DIEGO	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address		5304 RUETTE DE MER					
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92130	Country	U.S.A.

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page of

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
MARGUERITA				LIM-WILBY			
Inventor's Signature					Date		
Residence: City	LA JOLLA	State	CA	Country	U.S.A.	Citizenship	MALAYSI A
Post Office Address 6333 CASTENJON DRIVE							
Post Office Address							
City	LA JOLLA	State	CA	ZIP	92037	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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